# GENERAL SERVICES ADMINISTRATION (GSA) FEDERAL ACQUISITION SERVICE (FAS) ASSISTED ACQUISITION SERVICES (AAS) INTERAGENCY AGREEMENT

## **PART B – Requirements & Funding Information**

## **B.1.** Purpose

This Part of the IA (hereinafter "Part B") serves as or supplements the funding document received. It provides specific information on the requirements of [insert the name of agency/organization with a requirement], hereinafter "the Requesting Agency" sufficient to demonstrate a bona fide need and identifies funds associated with the requirement to allow GSA/FAS/AAS, hereinafter "the Servicing Agency," to provide acquisition assistance and conduct an interagency acquisition.

## **B.2.** Authority

The parties' authority to enter into this interagency agreement is (check applicable box):

Revolving Fund (40 USC § 321)

Identify specific statutory authority: The Servicing Agency's authority for this IA is derived from 40 U.S.C §§ 501-502 (for personal property and non-personal services), 40 USC § 11314 (for some aspects of information technology), 40 USC 11302(e) (OMB's executive agent designation) and/or the Acquisition Services Fund, 40 USC § 321. These statutory authorities are independent of the Economy Act and therefore, the Economy Act does not apply to this agreement

B.3. Part B Identifier	
Number:	
Part B Amendment Number: B	(insert N/A for original)
Purpose of Amendment: (insert N/A for original)	

#### **B.4. General Terms & Conditions**

Attached

Activities undertaken pursuant to this document are subject to the general terms and conditions set forth in Part A, IA Number: [insert IA number found in section 3 of Part A]. Part A is located at (check applicable box):
[insert location]

#### **B.5.** Project Title

[insert name of Requesting Agency's project]

#### **B.6.** Description of Products or Services / Bona Fide Need

This section describes the goods or services that will be acquired from a contractor by the Servicing Agency on behalf of the Requesting Agency under this IA.

[Include a specific, definite, and clear description that demonstrates a bona fide need and supports a binding agreement that can be recorded as an obligation in the fiscal year that the funds are available for obligation. See IA instructions for further information. ]

below	and describe the attachment.	
	Description of goods or services is attached.	[insert brief description of attachment]

If the goods and/or services to be acquired are described in an attachment, check the box

## **B.7. Projected Milestones**

Examples (these will need to be updated as the project progresses):

Event	<b>Estimated Completion Date</b>
Requirements Documents Finalized	
Complete Acquisition Plan	
Issue Task Order Request/Solicitation	
Complete Proposal Evaluations	
Contract/Order Award	
Task Order Start	
Task Order Completion	
Others deliverables, as needed	

## **B.8. Billing and Payment**

The Servicing Agency will pay contractor invoices from amounts identified in section 13 on a reimbursable basis. The Servicing Agency will present an itemized statement to the Requesting Agency for reimbursement of incurred contract costs and assisted services support costs. The Requesting Agency will pay reimbursable billings to the Servicing Agency from funds identified in section 12. See section 7 of Part A for additional terms and conditions addressing billing and payment.

#### B.9. Description of Acquisition Assistance

The Servicing Agency will provide the following services to the Requesting Agency.

The Requesting Agency will reimburse the Servicing Agency for the costs of

The Servicing Agency will provide full life cycle acquisition and project management support to the Requesting Agency. These services shall include acquisition planning, contract execution, contract administration, and project management support.

Specific Roles and Responsibilities for the Servicing Agency and the Requesting Agency are delineated in Part A, Section A.6.

supplies/services provided under this IA. Costs of supplies/services include the amounts due the contractor under the task/delivery/purchase order plus any applicable charges for

#### B.10. Fees

Services charges will be determined as follows:

recovery of the Servicing Agency's costs of doing business on behalf of the Requesting Agency. Servicing Agency services are non-severable. Assisted services provided under this Part B will be reimbursed on the following basis:
Surcharge in the amount of percent of amount(s) obligated on contract
Actual Servicing Agency Labor Hours (billed at the hourly rates in effect at the time the hours are worked)
Actual Servicing Agency Labor Hours (billed at the hourly rates in effect at the time the hours are worked) plus transaction fee for amounts obligated on contract
Fixed Price
Other (describe here)
The annual estimated cost forAAS support (AAS labor and fees) for this Part B is \$ This cost estimate is based on the best information available at this time. As better information becomes available, or should unforeseen circumstances arise, it may be necessary to modify these estimates.

## **B.11. Obligation Information**

Servicing Agency and Requesting Agency shall complete the table below.

Common Agreement Number	Requirement	Type of Requirement (Flowthrough)	Type of AAS Requirement (AAS labor/fees)
		(Severable Service / Non-	
		severable	

	service)	
Insert IA Number		Non-severable

# **Funding Summary**

Previous IA Funding	Current IA Funding	Total IA Part B Funding
\$	\$	\$ 0.00

# **B.12. Requesting Agency Funding Information**

The Requesting Agency's Certifying Official shall complete the table & certification. (use continuation page if additional blocks are needed)

Basic appropriation symbol (Treasury account symbol)	<u>Treasury FASTBOOK</u>	
Amount obligated (contract costs plus assisting agency's service fee)	\$	
Fund citation (line of accounting)	In addition to LOA, also include MIPR number in this field	
Appropriation expiration date	Make sure this field includes appropriation expiration date, First FY available, FY of Funds, and Type of Funding (one year, multi-year, no year)	
Unique restrictions on funding (if any)		
Business event type code	DISB ( <u>Treasury BETC info</u> <u>Treasury TAS Info</u> )	
Agency location code (8-digit) for IPAC		
DUNS/BPN number (Business Partner Network or BPN #)	Dun and Bradstreet DUNS Locator	
Funding agency code		
Funding office code		
Billing Office Adddress	If Different from Financial POC address in B.17.	

Requesting Agency Funds Certifying Official			
I certify that the funds cited above are properly chargeable for the purposes set forth in paragraphs B.4 and B.11 of this IA.			
Signature: Date		Date	
Printed Name:			
Title:	Agency:		

#### **B.13. Servicing Agency Funding Information**

The Servicing Agency shall complete the table below.

Basic appropriation symbol (Treasury account symbol)	
Fund citation (line of accounting)	
Business event type code	
Agency Location Code (8-digit) for IPAC	
DUNS/BPN number	

Servicing Agency Funds Certifying Official			
Signature:	re: Date		
Printed Name:			
Title:	Agency:		

#### **B.14.** Description of Requesting-Agency Unique Restrictions

This section identifies unique restrictions applicable to the Requesting Agency regarding acquisition, other than funding. [insert description e.g., the Berry Amendment]

Note: unique restrictions on funding should be identified in paragraph B.12.

#### **B.15.** Small Business Credit

The Servicing Agency shall use the following FIPS 95-2 Code to identify the Requesting Agency in FPDS: [the Requesting Agency should insert the lowest FIPS 95-2 Agency/Bureau component]. Note: If the code is not provided, the Servicing Agency will allocate the credit to the highest Requesting Agency FIPS 95-2 Code.

#### **B.16.** Amendments

Any amendments to the terms and conditions in Part B shall be made in writing and signed by both the Servicing Agency and the Requesting Agency.

#### **B.17.** Contact Information

Servicing Agency Program Office POC	Requesting Agency Program Office POC	
Name:	Name:	
Address: GSA/FAS/AAS	Address:	
Email:	Email:	
Phone/Fax:	Phone/Fax:	

Servicing Agency Financial POC	Requesting Agency Financial POC	
Name:	Name:	
Address: GSA/FAS	Address:	
Email:	Email:	
Phone/Fax:	Phone/Fax:	
Servicing Agency Project Manager		
Name:		
Address: GSA/FAS/AAS		
Emaile		
Email:		
Phone/Fax:		

## **B.18. Signatures**

By signing this document, the Requesting Agency confirms that a bona fide need exists and that funds are for the designated purpose, meet time limitations, and are legally available for the acquisition described in this document; that all unique funding and procurement requirements, including all statutory and regulatory requirements applicable to the funding being provided, have been disclosed to Servicing Agency; and all internal reviews and approvals required prior to transferring funds to the Servicing Agency have been completed. The Servicing Agency's acceptance of this document creates an obligation on the part of the Requesting Agency.

Requesting Agency Official		Servicing Agency Official	
Signature	Date	Signature	Date
Printed Name			
Title:		Title:	
Agency:		Agency: GSA/FAS/AAS	